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### Evaluation of San Benito County MHSA Three Year Expenditure Plan

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A few preliminary comments: Overall, we were impressed with the planning process. The County heard from over 600 community members; 28% of the people who participated described themselves as consumers; 16% of the people who participated described themselves as with family members. The County heard that there is a great need for full service partnerships and it embraced the “whatever it takes” model. The county decided to establish full service partnerships for three of the four age groups that align with the goals of the Mental Health Services Act. There were clear indications of collaboration throughout the process and throughout the plan.

The county’s planning strategies were creative. The use of booths at farmer’s markets, contacting individuals at primary clinics, local stores, Laundromats, and other public places showed a willingness to move beyond “business as usual.” Offering refreshments and stipends to bring people into the planning process was commendable. The county also acknowledged that the planning process was a starting point. The committee hopes that this is right.

The County spent time to identify the community needs and made efforts to address them. This county really embraced the need to hire consumer and family members; that was evident in every plan. It also stressed the importance of training, retraining, and more training.

One significant shortcoming noted by the committee was the lack of the required wraparound program for children and their families. The Mental Health Services Act includes a very specific requirement that all counties must develop a Wraparound Program for children and their families as an alternative to group home placement. This is a requirement of specific interest to the Oversight and Accountability Commission as it is an essential component of transforming children’s mental health services by reducing unnecessary reliance on institutional care and developing intensive community services and supports for seriously emotionally disturbed/mentally ill children, adolescents and their families. Specifically, the MHSA (Section 10, Part 3.7, section 5847(a) (2) states:

“Each county mental health program shall prepare and submit a three year plan which shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission. The plan and update shall include all of the following ... (2) A program for services to children in accordance with Part 4 to include a program pursuant to Chapter 6 of Part 4 of Division 9 commencing with Section 18250, or provide substantial evidence that it is not feasible to establish a wraparound program in that county.”

According to Webster’s New Collegiate Dictionary, “feasible” means “capable of being done or carried out.”

Wraparound, as defined in W&I Code commencing with Section 18250(a), is intended “to provide children with service alternatives to group home care through the development of expanded family-based services programs.” Note that this statutory language states that wraparound service is an alternative to group home care – not simply a step-down program. SB 163 programs, codified in Section 18250-18257 of the W&I Code, are very intensive services for children or adolescents who would otherwise be placed in high-level group homes at Rate Classification Level (RCL) Level 10 through 14. SB 163 makes the funds that otherwise would have been used for group home placement available instead for intensive Wraparound service as an alternative to the group home placement. This level of funding is essential to assure that the level of staffing and intensity of service required to support children with this high level of need is provided, so that SB 163 Wraparound Programs are in fact a viable alternative to intensive group home programs. The California Department of Social Services (CDSS) document “Review of Wraparound Standards, Guidelines for Planning and Implementation” (attached) includes the staffing ratios expected in a SB 163 Wraparound program.

It should be noted that SB 163 was based on the premise that the state and county share of the nonfederal reimbursement for group home placement would instead be made available to support Wraparound as an alternative to group home placement in a manner that was cost neutral to the state and to the county, i.e., it would cost the state and the county no more to provide intensive Wraparound services than they otherwise would have spent for group home placement for the same child. Because almost all the children that are, or otherwise would be placed in a group home program, are eligible for MediCal and EPSDT, very few MHSA funds other than the 5% EPSDT match are required to develop a SB 163 Wraparound program. The W&I Code commencing with section 18250, which is the code section for SB 163 programs, states, in part, “(b) It is the further intent of the legislature that the pilot project include the following elements: (1) making available to the county the state share of nonfederal reimbursement for group home placement, minus the state share, if any, of any concurrent out-of-home placement costs, for children eligible under this chapter, for the purpose of allowing the county to develop family-based service alternatives.” Section 18254 (c) states “The department shall reimburse each county, for the purpose of providing intensive wraparound services, up to 100 percent of the state share of nonfederal funds, to be matched by each county’s share of cost as established by law, and to the extent permitted by federal law, up to 100 percent of the federal funds allocated for group home placements of eligible children, at the rate authorized pursuant to subdivision (a).” Accordingly, any new or expanded Wraparound program meeting the requirements of the MHSA should include the state

and county share of the group home rate for each wraparound slot to assure that the level of staffing and intensity of service required to support children with this high level of need is provided.

The Mental Health Services Act, anticipating that counties would need technical assistance to develop SB 163 Wraparound programs, includes a provision (Section 6, 18257(b) that funds from the Mental Health Services Fund shall be made available to the Department of Social Services for technical assistance to counties in establishing and administering these projects. This technical assistance is available, at no cost to the county, by contacting Cheryl Treadwell, Program Manager, CDSS, at (916) 651-6023.

**Consumer and Family Involvement:** This plan showed a commitment to including consumers and family members in both the planning and implementation of the MHSA. The plan states the importance of keeping consumers and family members involved. Every workplan includes employment opportunities and training for consumers and family members. There was a great deal of outreach to get consumers and family members involved. This plan demonstrates a desired by the county to keep this group involved—through employment and training opportunities.

**Fully Served, Underserved/Inappropriately Served, Unserved:** It is difficult for counties to define whom they are not serving or whom they are not serving appropriately. Although San Benito came up with a formula to define this population, the committee agreed that 24 visits in 122 months might not fully serve every person who receives this service. Using a formula is not necessarily consistent with a “whatever it takes” approach to services. With that said, the committee believes that this is a difficult task and applauds the county for making an honest attempt to inventory its services and evaluate where changes should be made.

**Wellness/Recovery/Resilience:** The San Benito plan does embrace the model for wellness, recovery and resilience. There is evidence of broad outreach, work on building strong collaborative relationships, efforts to develop full services partnerships, with a focus on cultural competence and a desire to meet the community where it lives. Additionally, the county recognized the importance of training and retraining, not only the staff, but also its collaborative partners. Throughout the plan, the county emphasizes the need to hire and train consumers and their families.

**Education and Training and Workforce Development:** This County stressed the need for training and educating its workforce to transform its system of services. Moving from a reactionary system to a recovery model will take training. San Benito is willing to do this training, and willing to partner with consumers and family members to provide training.

The county acknowledges the challenges of hiring professional staff with their geographic limitations and low salaries. The committee encourages the county to try very creative approaches when approaching workforce development.

**Collaboration:** San Benito did a particularly good job in collaborating, not only with other county departments and agencies, but also with other resources within the county. It worked on developing partnerships with community-based organizations, churches,

meals on wheels, etc, whenever appropriate. It also worked to create relationships with ethnic groups that might be willing to allow services to be offered to its community. This was a much broader sense of collaboration than the committee has seen and the county should be commended.

**Workplan #1—Children** This plan will provide family-based services to children and families who are unserved or underserved. In its first year, the county will spend system development funds to identify the children and families to be served. In years two and three, it will establish a full service partnership that will be transformational and based on recovery. There is a good use of paid consumers and family members, and an emphasis on training. The committee was satisfied that this program shows great promise. The county will work to provide housing supports through rent subsidies.

The overriding concern is that San Benito has not met the fundamental and important requirement in its services to children. **The county must to work to develop a wraparound program. It should be spending some of its system development funds in the first year to do that.**

**Workplan #2—TAY** The TAY FSP will develop a TAY team to provide culturally sensitive services to youth and families who are unserved and underserved. The plan will spend the first year developing the team and identifying youth. The second year, it will offer full service partnerships to 5 TAY; by year three, it will double the size of its program. The TAY will be permitted to utilize the Esperanza Wellness Center for some specialized services and group activities. In addition, services will be delivered in the individual's community to provide "whatever it takes" to help this group of consumers transition into adulthood.

The committee applauds the county for embracing the concept of bringing services to the individual's community. That is transformational. The county also presents this plan as a "housing first" plan; this is an important concept for the OAC. The county has also placed a priority on employment and educational opportunities.

Question: What types of housing will the county be developing? How do they plan to find the housing?

**Workplan #3—Adults** The County will develop a comprehensive adult service system that will include a wellness center and a FSP. The county is clear that this is a new program and a dramatic change in the way it delivers services. This is not a "business as usual" approach. The plan will offer a variety of services to adults in a client-directed, strength-based approach based on wellness, resiliency, and recovery principles. The county acknowledges the need for hiring staff and providing training.

The collaboration strategies outlined in the plan on page 99 is excellent. The county stretched on developing the employment and workforce portion of this plan and should be congratulated. The OAC will be watching for the results.

Also, in response to question 11 on page 100, the county did a comprehensive answer in terms of out of county placements. It will offer services when it can; it will help clients

stay in their community of choice; and finally, it will help individuals return to the county when possible.

The committee had two serious concerns with this workplan.

**With the geographical barriers that consumers and family members face, how will the Wellness Center be utilized? Will the county offer transportation?**

**The County acknowledges that it is not implementing an AB 2034 program. The Committee asks, “Why not?” Rather than create a new program, the county is encouraged to follow an established program that shows positive outcomes.**

Workplan #4—**Older Adults** This was the weakest and least ambitious of the workplans. The county will offer outreach and engagement services to older adults. It will also offer assessments of mental health. Finally, it will work to link older adults to services. It will hire 1.3 employees to do this work. The county did pledge to work with community-based organizations to offer services to this population. The committee understands fiscal limitations, but hopes that the county will stretch with this plan next year.

The Committee encourages the county to draw upon existing community resources for seniors, and foster inclusion of mental health services as part of other programs offering health services to older adults in need. The high rate of suicide among older adults with mental illness is linked to isolation. Can the county work to integrate mental health services into other socialization and recreation programs for seniors?

## **CONCLUSION**

**Question:** The overarching question for the Oversight and Accountability Commission is: “How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.